(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL034009 01/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET SHULER HEALTH CARE/CRANE VILLA KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell on January 7, 2016. This facility was first licensed as a Home for the Aged serving 12 ambulatory residents on January 10, 1980. Therefore the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code Section 409 - Institutional Unrestrained Occupancy. Deficiencies were noted which will require a new plan of correction. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm". copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building fire

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SURVEY COMPLETED					
		HAL03400	9	B. WING		01/	07/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SHULER	HEALTH CARE/CRA	NE VILLA	250 PITT : KERNERS	STREET SVILLE, NC	27284		
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C 101	Continued From particles of the continued From particles of the continued From particles of the continued From the building. Findings include: a) The Med room high detection tied into the corridor bat detection or heat detection or heat detection tied into the corridor bat detection or heat detect	at was not install ace with the NC e time of constru- dents by not det arm, and direction as no smoke de the fire alarm hrooms have no	State Building uction. This tecting smoke, ing residents etection or heat a smoke	C 101			
C 111	Must Have Current SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION(f) The facility shall fire and building sat shall be maintained review. This Rule is not me 1. Based on observation of available at the Findings include:	PHYSICAL PLAN 02 DESIGN A have current sa fety inspection r in the home an et as evidenced vation, current re	NT ND nitation and eports which d available for by: eports were	C 111			
C 150	The Sanitation repo available at the time	e of the survey. quipment and C PHYSICAL PLAN 05 PHYSICAL nts for corridors	Obstructions NT - are:	C 150			

Division of Health Service Regulation

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HAL034009			B. WING		01/07/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
SHULER HEALTH CARE/CRANE VILLA 250 PITT STREET KERNERSVILLE, NC 27284						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 150	Continued From pa	ge 2	C 150			
	was not maintained corridors blocked by	et as evidenced by: vation, egress from all areas in a safe manner by having y furniture. This would affect allowing free egress in an				
	The exit corridor has wall-mounted shelves and end tables extending into the corridor reducing the width of the corridor to less than 5 feet.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture c	es shall: ings, and floors or floor n and in good repair;				
		et as evidenced by: vation, some building not maintained in clean,				
	vents and their asso covered with dust a	building the HVAC return ociated radiation dampers are nd dirt which could interfere tivating properly in a fire				

Division of Health Service Regulation STATE FORM

6899 1UX021 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL03	4009	B. WING		01/0	7/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SHULER	HEALTH CARE/CRA	NE VILLA	250 PITT : KERNERS	STREET SVILLE, NC	27284		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3		C 189			
C 189	Building Equipment	Maintained	Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app	d all fire safe umbing equip maintained i apply to new ception of Pa	ety, electrical, oment in an adult in a safe and and existing aragraph (e)				
	This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.						
	Findings include: a) The attic draft w section of gypsum (b) The Dining Roopenetration to the cc) Laundry has a corange foam, an urd) The ceiling in the	cut out of it. m has an un orridor by ph eiling penetra rated sealar e Laundry ha	protected one line. ation sealed with it as split open				
	2. Based on observere not maintaine that did not close co	d operable b	y having doors				
	Findings include: a) Room 6 has a robecause it releases force. b) The left Exit doc	with less tha	an 5 pounds of				

Division of Health Service Regulation

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HAL034009		B. WING	NING		01/07/2016	
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C 189	Continued From pa	ige 4	C 189			
	released c) The right exit do when released	oor will not close and latch				
	3. Based on observation, the building electrical system was not maintained to keep the facility safe by allowing residents to use two-wire extension cords and expansion blocks in the outlets. This would affect all residents by potentially overloading electrical circuits in the bedrooms. Findings from 10/22/2014: Two-wire extension cords and outlet expansion devices were observed in the following locations: a) Room 3 has an outlet expansion device, b) Room 9 has an outlet expansion device, Provide a UL-listed, grounded power strip with over current protection per the NC Fire Prevention Code.					
	4. Based on observation, the building illumination was not maintained operable.					
	corridor outside roo	light is not working in the om 1 kitchen range hood is not				
C 199	Exhaust Ventilation		C 199			
	provided with exha two cubic feet per r					

Division of Health Service Regulation

STATE FORM 6899 1UX021 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(3) DATE SURVEY COMPLETED	
		HAL034009	B. WING		01/	07/2016
	PROVIDER OR SUPPLIER R HEALTH CARE/CRA	NE VILLA 250 PITT		STATE, ZIP CODE 27284		
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C 199	before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility rooms (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on observentilation was not this Rule. Findings include:	e, with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing acception of Paragraph (e) ly to existing facilities.	C 199			

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